## **ENTER-ON-DUTY CHECKLIST**

## TEMPORARY/EXCEPTED-NTE/TRANSFER APPOINTMENTS

EMPLOYEE NAME:		
REVIEWER OF FORMS:		
	m is received; use N/A for any forms not provid	. 3
FORM		DATE RECEIVED
Statement for Selective Service Registration	For all male employees born after 12/31/59	
<b>SF-61</b> Appointment Affidavit		
OF306 Declaration of Federal Employ	vment	
<b>SF-144</b> Statement of Prior Federal Civilian & Military Service	Submit DD-214, if applicable.	
<b>SF-181</b> Race & National Origin ID	To be used by all employees EXCEPT those in Hawaii	
OPM form 1468 Race & National Origin ID	For employees in Hawaii only	
<b>SF-256</b> Self ID of Medical Disability		
<b>I-9</b> Employment Eligibility Verifica	ation	
CD-314 Statement Relating to Employ Employee Responsibilities and		
Uniform Service Componer	nt	
EDUCATIONAL DATA UPDA	ATE FORM	
<b>W-4</b> Federal Income Tax Withhold	ing	
State Tax WITHHOLDING	If state tax form is not available, complete W-4 and and mark it as "STATE"	
State waiver/Certificate of non-residence	For employees working in one state/residing in another (i.e. wage marine in CA or HI wit residence in WA)	) h

CD-525 Employee Address	
FMS-2231 Direct Deposit/Allotment Form	For disposition of entire check and allotments
SF-85 Data for Non-sensitive or Non-critical Positions	Complete if appointment is for 6 months or more Transferred employees do not complete
FINGERPRINTS	If SF 85 is completed, fingerprints are required This will be scheduled on your first day of work
Fair Credit Reporting Act of 1970	Only complete if SF 85 is required
SF-1152 Designation of Beneficiary For Unpaid Compensation	Not required if YOU want compensation to be paid in order of following precedence:  Spouse, Children, Parents, Estate, Residence State laws

## Information you should know about but no forms need to be completed:

<u>Under BENEFITS-Other Important Links header</u>:

Employee Personal Page Employee Verification via TALX

<u>Under Conduct and Performance header:</u>

All topics